The lost myocarditis, death, neuropathy and pulmonary embolism safety signals as part of the free text purge from the VAERS Foreign data set

Prologue, results, evidence... HAPPY BOXING DAY!

Jessica Rose
Dec 26

321 78

I have been painstakingly trying to characterize THE_LEFT_BEHINDers for days now and it's left me exhausted. This probably has to do with the end-of-the-year energy depletion too. What was about four pages of crap code turned into an elegant four line algorithm. I am quite proud, actually, and I must raise another full glass to Liz for her ongoing insights on how to improve both algorithms, and outputs. I am still a novice at this programming thing, but I am persisting in my learning. It's been about 2 years since I started and I do feel confident now that I know the very basics.

Prologue

This COVID data analysis work - and the quest for *truth* (not just *clues*) in data in general (as much as we can obtain this due to impeccably questionable data sources), has become akin to a 'spiritual quest' in that I am very devoted to it. More than that, I am devoted to getting 'it' as 'right' as I can. By 'right' I mean as close to a 'true' representation of the biological reality, or the true event course, as possible. This is an impossible task, of course, for the aforementioned reason and others, but nonetheless, combining attempts to characterize patterns in biological data with precision, whilst simultaneously trying to 'capture' the big picture that exists therein, is probably the best way that I have found to achieve 'results' as close to reality as possible. And this is indeed, an art form.

To me, science, art and spirituality are inextricably intertwined. I am an artist and a scientist, and I recognize that my desire for a solution as a scientist is evolving into devotion to the journey as an artist. Solutions almost seem to come naturally when one lets go of the desire to have one. And as my buddy Shahar pointed out at our Christmas Eve dinner: "Being a true scientist is like being a Monk'. I couldn't agree more.

Here's to all the injured: in the end, beyond my own spiritual journey, I am in this for you guys.

The lost safety signals

Here's what I have found so far. Take note, I am comparing the Foreign data sets for the November 11th, 2022 and the December 12, 2022 updates. These two dates book-end the European regulator-ordered deletion of free text from many variable fields that occurred on November 18th, 2022.

Since I didn't really have a clear idea in my head of how to approach characterizing the left behinders - besides just counting adverse event reports in the SYMPTOM columns - I decided to start very humbly by first creating the dataframe for the left behind people. This was done by merging the December 12, 2022 data with the MHRA reports in VAERS for the November 11, 2022 data. This is very important and I will return to this.

This dataframe contains the people whose free text in the SYMPTOM_TEXT column was deleted due to the free text purge ordered by the European regulators. There are N = 101,841 reports that qualify. I verified that these reports indeed had no data in their SYMPTOM_TEXT fields in the updated December 12, 2022 file. Of these reports, from the November 11, 2022 data (since they still had their SYMPTOM_TEXT fields occupied), I queried the keyword 'myocarditis' (yes, with a lower-case 'm') written in the free text fields. There are N = 17,644 reports that qualify. I then cross-checked this new dataframe for MedDRA code entries for myocarditis by querying the keyword 'Myocarditis' in all of the SYMPTOM columns. There can be up to 20 for each individual report. There are N = 15,218 (86.3%) reports that qualify.

So 15,218 people ended up having their myocarditis signal lost to the purge. This might seem a low percentage of the gutted report total (14.9%), but I want to remind everyone that I only queried the precise keyword 'myocarditis' when in fact, when querying for the 'myocarditis cases', I use the CDC's accepted keyword search that includes the following MedDRA codes: "Myocarditis" and "Pericarditis". The reason for excluding endocarditis is due to the fact that it's etiology is bacterial. [1] [2] The bottom line is, if (when) I queried (query) using the CDC list of MedDRA codes to pull out myocarditis cases, the number of reports would be much larger. I always need to start simple and basic, however.

MedDRA terms to search for myocarditis and pericarditis

Atypical mycobacterium pericarditis	Myocarditis
Autoimmune myocarditis	Myocarditis bacterial
Autoimmune pericarditis	Myocarditis helminthic
Bacterial pericarditis	Myocarditis infectious
Coxsackie myocarditis	Myocarditis meningococcal
Coxsackie pericarditis	Myocarditis mycotic
Cytomegalovirus myocarditis	Myocarditis post infection
Cytomegalovirus pericarditis	Myocarditis septic
Enterovirus myocarditis	Pericarditis
Eosinophilic myocarditis	Pericarditis adhesive
Hypersensitivity myocarditis	Pericarditis constrictive
Immune-mediated myocarditis	Pericarditis helminthic
	Pericarditis infective
	Pericarditis mycoplasmal
	Pleuropericarditis
	Purulent pericarditis
	Viral myocarditis
	Viral pericarditis

CDC 17

That's a long list, isn't it? The Vaccine Safety Datalink (VSD) data set uses ICD-10 codes. [3] But I don't touch that here.

The group of 15,218 reports returned includes VAERS_ID #1682321. Have a look (as best you can - I am sorry for the size of the font - it was the only way to get it all in one screenshot), and then I want to move onto another shocking discovery.

1682321	Blood pressure measurement, Heart rate increased, Blood test, Palpitations, Dyspepsia, SARS-CoV-2 test, Electrocardiogram, Thyroid function test, Heart rate	Some occasional sharp pains similar to indigestion; Palpitations; Heart rate high; This is a spontaneous report from a contactable consumer. This is a report received from the Regulatory Agency (RA). The regulatory authority report number is GB-MHRA-WEBCOVID-202108251610556440-UVXSY. Safety Report Unique Identifier GB-MHRA-ADR 25848432. A 36-year-old non pregnant female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection,lot number and expiry date were not reported), via an unspecified route of administration, on 30Jul2021 (at the age of 36-year-old) as a dose 2, single for COVID-19 immunization. The patient medical history and concomitant medications were not reported. Patient has not had symptoms associated with COVID-19. Patient was not pregnant and not currently breastfeeding. Patient was not enrolled in clinical trial. Patient has not tested positive for COVID-19 since having the vaccine. The patient previously received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Solution for injection; Lot number and expiration date were not reported) unspecified route of administration, on an unspecified date as single dose for COVID-19 immunization. On 30Jul2021 (same day of vaccination), the patient experienced palpitations, heart rate high and on an unspecified date, had some occasional sharp pains similar to indigestion. The events accessed as a medically significant. Further explained that heart palpitations for 3.5 weeks since 2nd Pfizer jab. Occurs randomly, several times a day, where heart rate can go to 140+ for no obvious reason. Some occasional sharp pains like indigestion, though much more infrequent than the palpitations and spikes- Had an ECG at GP surgery - was fine for the 2 minutes it was on. Booked another for 5 days later. Told patient to book a blood test. Soonest appointment mid-September due to NHS closures.- Feeling concerned that may have myocarditis or pericarditis, patient decided to go to A&E to speed up the diagnosis process. Heart rate rose to 148 while having blood pressure taken. ECG picked up the back end of that episode as it began to return to normal. 2nd ECG was fine.- 7 hours later, a discharge note was sent to her Doctor advising a thyroid checkup and 24 hour heart rate monitor be fitted- Blood tests taken at A&E did not include those that would warrant a thyroid referral- GP cannot fit a heart rate monitor as the A&E attended was under a different trust (we do not have an A&E depth within her trust area), so he cannot refer on that basis- Appropriate blood tests booked- Keeping her appointment for the 2nd ECG with the GP (4th in total) in a few days. Hoping her heart will misbehave on cue. - GP and A&E Dr both denied this could be a side effect of the jab, despite the MHRA listing it as an official side effect - # Heavily implied that she worried for causing these spikes - what a skill to have! - Nurses at A&E gave the impression was not the first case they had seen. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 22Aug2021 No - Negative COVID-19 test , electrocardiogram: normal on an unspecified date ECG picked up the back end of that episode as it began to return to normal, electrocardiogram: normal on an unspecified date ECG was fine, blood test: unknown on Unknown, heart rate: 140+ on an unspecified date, heart rate: 148 on an unspecified date, thyroid function test: unknown on an unspecified date Unknown, blood pressure measurement: unknown on an unspecified date. The outcome of palpitations, heart rate high was not recovered and unknown for some occasional sharp pains similar to indigestion. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

Take note of the red marked text in this long paragraph comprising the free text in this person's SYMPTOM_TEXT column that was deleted, and pay close attention to the language used. It almost feels… cynical. This is a report filed for a 36-year-old woman who suffered heart palpitations following the second Pfizer shot. The reporter suspected myocarditis or pericarditis as the etiology associated with her chest/heart issues. The reporter also wrote this:

> Hoping her heart will misbehave on cue. - GP and A&E Dr both denied this could be a side effect of the jab, despite the MHRA listing it as an official side effect - # Heavily implied that she worried for causing these spikes - what a skill to have! - Nurses at A&E gave the impression was not the first case they had seen.

The reporter is clearly challenging the docs' assessments that this woman's adverse events were not caused by the COVID injections.

This is the kind of thing that is repeated 15,218 times in the SYMPTOM_TEXT fields of the people whose myocarditis signals were lost to the purge. That's why it's so shocking that this incredibly important data was deleted. For as far as I know, no good reason.

There's something even more shocking that I found. It's the same story, but instead of lost myocarditis signals, it involves lost death signals.

Of the 1,023 people who had 'death' written into their SYMPTOM_TEXT fields, who subsequently had this data deleted, 648 (63.3%) were not properly documented as deaths as per MedDRA codes. Now this raises an important point. When I count deaths, I always make sure to count by MedDRA codes and not by the 'DIED' column. The reason for this is because the 'DIED' column is often underpopulated with regard to the actual death reports by MedDRA code. For example, in this investigation, as opposed to 648 (63.3%) people losing their death signal by MedDRA code to the purge, 294 (24.8%) lose their signal as per DIED field entries equal to 'NA' (no death). Therefore, if I was counting the DIED column only, instead of counting the number of deaths and spontaneous abortions and autopsies and suicides, for example, I would lose 60.8% of the lost entries.

Here are a few examples of free text removed for lost death safety signals. These people were 79, 41 and 27 years old and each had only one dose of COVID-19 injectable product where death occurred subsequently. The second example involves spontaneous abortion. The first one really makes me sad. Well, so does the second. And the third. They all seem: unnecessary.

Sudden death unexplained/Presumed cause cardiac arrest; This is a spontaneous report received from a contactable physician by Pfizer from the agency and Healthcare products Regulatory Agency (RA). The regulatory authority report number is GB-MHRA-ADR 24587484 and GB-MHRA-WEBCOVID-20210113100039. A 79 years old female patient received to BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE; Lot number: EJ1688) on 07Jan2021 17:08 at **single dose** for covid-19 vaccination. The patient medical history included: Patient has not had symptoms associated with COVID-19 Patient has not been tested/or has had an inconclusive test for COVID-19. Patient is not enrolled in clinical trial. The patient's concomitant medications were not reported. It was reported: the patient had vaccination at 17:08 07Jan2021. No problems identified during 15min waiting period. **Patient went home, had supper with son who left her at 22:00. She was found the next day by her son, and pronounced dead at 13:30 08Jan2021.** Presumed cause cardiac arrest. Death referred to coroner 11Jan2021. **No significant history or risk of cardiovascular disease apart from age no clear link to vaccine**, but yellow card recommended by colleagues for completeness. Patient has not tested positive for COVID-19 since having the vaccine. It was not reported if an autopsy was performed. **No follow-up activities are possible. No further information is expected.; Reported Cause(s) of Death: Sudden death unexplained/Presumed cause cardiac arrest**

She died from cardiac arrest without any history of cardiac problems. They also threw in that that there was 'no clear link to vaccine'. Not sure how they made that assessment without doing a cardiac MRI and some staining of cardiac tissues to look for spike protein and a lack of other SARS-CoV-2 proteins like nucleocapsid proteins. Her heart exploded within 24 hours (20.5 hours later she was dead) of getting this injection, with no pre-existing heart issues, and they don't suspect the injection. Huh. Sounds like 'science'.

Maternal exposure during pregnancy; Spontaneous abortion; This is a spontaneous report downloaded from the Regulatory Agency-WEB, GB-MHRA-WEBCOVID-20210112103038 and GB-MHRA-ADR 24582782. This is a report received from the Regulatory Agency and Healthcare products Regulatory Agency. A **41-year-old female** patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) via an unspecified route of administration on 22Dec2020 at **single dose** for COVID-19 immunisation. Lot number was EK1768. Medical history included pregnancy in 2003. Periods have been irregular and sparse for some time. The concomitant medications were not reported. Patient did not take folic acid supplement during pregnancy. Contraception was not being used for some time. Patient was unaware of pregnancy at time of first Covid vaccination on 22Dec2020 (patient no longer pregnant at the time of reporting). **Patient was exposed to vaccine first-trimester (6 weeks, also reported 1-12 weeks). Spontaneous abortion was diagnosed on 09Jan2021 (also reported 17 days after vaccination administration).** Patient has not been tested/ or has had an inconclusive test for COVID-19. It was unsure if patient was enrolled in clinical trial. Patient has not tested positive for COVID-19 since having the vaccine. The patient recovered from spontaneous abortion on 10Jan2021. It was reported that the vaccine did not have an adverse effect on any aspect of the pregnancy. No follow-up attempts are possible. **No further information expected.**

Her foetus died in utero within 17 days of a single injection of COVID-19 injectable product. 1 dose, foetal death. No follow-up.

Loss of consciousness; Dizziness; High temperature; Vomiting blood; This is a spontaneous report from a contactable healthcare professional downloaded from the Regulatory Authority WEB (Regulatory Authority number GB-MHRA-WEBCOVID-20201223182431, Safety Report Unique Identifier GB-MHRA-ADR 24546960). A **27-year-old male** patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 19Dec2020, at **single dose**, for COVID-19 vaccination. The patient's medical history and concomitant medications were not reported. The patient underwent a **COVID-19 virus test on 16Nov2020 with negative result.** The patient experienced vomiting blood on 21Dec2020. On an unspecified date he experienced also loss of consciousness, dizziness and high temperature. All the events were reported as serious as fatal, per hospitalization, disability, medically significant, life threatening. They were reported as serious also per congenital anomaly (no further information provided). Therapeutic measures were taken as a result of all the reported events. The patient died on 21Dec2020. It was not reported if an autopsy was performed. Verbatim EMA narrative: Vomiting blood, vomiting, dizziness, loss of consciousness, fainting, high temperature very often. Follow-up attempts are completed. No further information is expected.; **Reported Cause(s) of Death: loss of consciousness; Dizziness; High temperature; Vomiting blood**

He died at 27 years old after taking 1 shot of COVID-19 injectable product and no, it wasn't COVID that killed him. 2 days the shot, he started vomiting blood and then he died because of loss of consciousness; likely due to combination of syncope and blood loss. No autopsy. No follow-up.

And Neuropathy

Same story for neuropathy. Of the 391 people who had 'neuropathy' written into SYMPTOM_TEXT fields, who subsequently had this data deleted, 159 (40.7%) were not properly documented as Neuropathies as per MedDRA code.

Nausea; Vaccination site pain; Weakness generalised; Shaking; Feeling unwell; Hypoglycaemia; Pain gastric; Pain in arm; Fever chills; Increased stool frequency; This is a spontaneous report from a contactable consumer downloaded from the Medicines Agency (MA) Regulatory authoritty-WEB GB-MHRA-WEBCOVID-20201217090546, Safety Report Unique Identifier GB-MHRA-ADR 24544112. A **30-years-old female** patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), batch/lot number unknown, via an unspecified route of administration on 16Dec2020 at **single dose** for covid-19 immunisation. Medical history included mitochondrial cytopathy from an unknown date and unknown if ongoing, ongoing back issues, Bilateral cholesteatoma from an unknown date and unknown if ongoing, supraventricular tachycardia from an unknown date and unknown if ongoing, ongoing **neuropathy peripheral**. The patient's concomitant medications were not reported. The patient experienced hypoglycaemia, pain gastric, Increased stool frequency, Pain in arm, Fever chills in Dec2020, feeling unwell, nausea, Vaccination site pain, Weakness generalized, Shaking on 16Dec2020. **Roughly around 45 minutes after the vaccine the patient became quite unwell - she was weak (shaking and generally feeling unable to move/stand), she felt nauseated to the point she had to rest for most of the night. She also felt pain in her stomach and passed a lot of soft stools. Due to feeling very weak, she took her blood sugar levels (she lived with a diabetic) and they were very low (2.8mmol/L), they did come up after she had rested, ate and had some water. In general, she had waves of just feeling awful. Her arm was still in pain today on 29Dec2020 (which was to be expected) but it was not just at the site of injection - it had travelled into her lower arm also. Patient had not tested positive for COVID-19 since having the vaccine. Patient had not had symptoms associated with COVID-19.** Patient had not been tested/or had had an inconclusive test for COVID-19. Patient was not enrolled in a clinical trial. Patient was not pregnant. The patient underwent lab tests and procedures which included blood glucose: increased, blood glucose: 2.8 mmol/l in Dec2020. The outcome of Hypoglycaemia was resolved in Dec2020. The outcome of Pain gastric, Weakness generalized, Fever chills was resolving. The outcome of Feeling unwell, Increased stool frequency, Shaking was unknown. The outcome of Nausea, Vaccination site pain, Pain in arm was not resolved. The events were assessed as serious with seriousness criteria of medically significant. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

This woman was 30 years old a the time that report was made and although she had ongoing peripheral neuropathy, it was exacerbated by the injection as indicated by the description in red. I chose this one as an example to show the broad range of effects that occurred within 45 minutes of her injection.

And Pulmonary embolism

Same story for pulmonary embolism. Of the 733 people who had 'pulmonary embolism' written into SYMPTOM_TEXT fields, who subsequently had this data deleted, 236 (32.2%) were not properly documented as Pulmonary embolism as per MedDRA code.

Death unexplained; Electrocardiogram ST segment elevation; Hemiparesis/right-sided facial weakness; Confusional state; Acidosis/acidemia; high lactate/blood lactic acid increased; Right ventricular enlargement; This is a spontaneous report from a contactable physician. This is a report received from the Medicines and Healthcare products Regulatory Agency (MHRA). Regulatory authority report number GB-MHRA-WEBCOVID-20210107154410, Safety Report Unique Identifier GB-MHRA-ADR 24568917. An **85-year-old female** patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number not known) via an unspecified route of administration on 05Jan2021 at a **single dose** for covid-19 immunization. Medical history included hypercholesterolaemia, hypertension and diabetes mellitus from unknown dates and unknown if ongoing, however **fully active and mobile**. Unsure if patient has had symptoms associated with COVID-19. Patient has not been tested/or has had an inconclusive test for COVID-19. Patient is not enrolled in clinical trial. The patient's concomitant medications were not reported. **Two days following vaccination she presented with widespread and then inferolateral ST elevation on ECG, hemiparesis and right-sided facial weakness, confusion state, high lactate/blood lactic acid increased and acidosis/acidemia. Echocardiography showed a normal left ventricle but large right ventricle. The differential was pulmonary embolism, intracranial haemorrhage/thrombosis and/or myocardial infarction. Unfortunately, she rapidly deteriorated and died.** She has been referred to the coroner, so **cause of death will hopefully be clarified**. We are not referring as a definite side-effect, however, **the temporal association and clinical findings, and after discussion with our lead pharmacist (and in my role as a medical examiner) we felt we should complete this as a possible reaction/complication**. The patient died on 07Jan2021. The outcome of the events inferolateral ST elevation on ECG, hemiparesis and right-sided facial weakness, confusion state, high lactate/blood lactic acid increased and acidosis/acidemia was not recovered. No follow-up attempts are possible, information about batch number cannot be obtained.; **Reported Cause(s) of Death: Death unexplained**

This woman died after one dose of COVID-19 injectable product. She was fully active and mobile. Differential diagnosis was pulmonary embolism. The reporter/medical examiner suspects causative effect of injection.

This goes on and on.

The point of this preliminary investigation is to show beyond a reasonable doubt that safety signals are being removed from the VAERS Foreign data set by order of "European regulators". The fact that these gutted reports are MHRA/Yellowcard reports makes me wonder about the motivation for doing so. For example, why are over 101,000 Yellowcard reports in VAERS in the first place? This on its own, is odd. I won't judge because I don't know how the data input works precisely. What I understand, however, is that the Foreign data reports are entered into the VAERS database via pharmaceutical manufacturers. This is subsequent to individuals filing reports of adverse events directly to the manufacturers, who reside outside of the United States. If these reports just simply did not belong in VAERS, then the logical thing to do would be to transfer these reports - I mean, the entirety of these reports - to the Yellowcard system. Non?

I can't think of a reason for the removal of "*the country codes; reported symptom case narrative free text; diagnostic laboratory data free text field; illness at time of vaccination free text field; chronic conditions free text medical history field; allergies free text field*", that aligns with the explanation provided in the Disclaimer by the European regulators; the explanation being that the items in the aforementioned list '*may not comply with European regulations*'. What European regulations? Why not simply remove the entire MHRA report list and move them all to the Yellowcard database? No one would question that because that would make sense. What actually happened doesn't make sense.

The only thing that makes sense to me is that this was done intentionally to remove safety signals.

I work under the auspices of 'innocent until proven guilty' as a rule, so my first instinct in hunting for clues to solve this (or any) mystery is to assume **no** mal-intent. But the problem here is that this *was* an intentioned and willful act ordered by European regulators for the CDC and FDA to remove this specific data. So, there is no need to presume innocence. That's what's disturbing about this. As I pointed out in my previous Substack on this issue, cross checking of MedDRA codes from the signals written up in the SYMPTOM_TEXT fields to the SYMPTOM fields was either, at best, not not done well, or at worst, not done at all. And at the very least, if for some non-mal-intentioned reason this data needed to be removed, then it could have been, and dare I say, *should* have been done with more care.

If handling this data was *my* task, I would do it right to ensure to honor the integrity of both the data and the people.

Merry Christmas/Boxing Day everyone, and I hope you had a splendid day full of love and abundance.

---

1. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-10-20-21/07-COVID-Su-508.pdf
2. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-10-20-21/06-COVID-Shimabukuro-508.pdf
3. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-02-04/03-COVID-Shimabukuro-508.pdf

Subscribe to Unacceptable Jessica

By Jessica Rose · Thousands of paid subscribers

Jessica's Substack Input

Upgrade to paid

321 likes 321 78

78 Comments

Write a comment...

Mike Dec 26 Liked by Jessica Rose

I have for a lot of my life, carried a spare hug. Have never run out as every time I pulled one out to give, another magically appeared. If you should ever land in Australia for some deferred longboarding, let me know as I have stuck one aside for you and your efforts in humanity.

62 Reply Collapse

4 replies by Jessica Rose and others

Jaime Jessop Writes Climate & Covid: Challenging Un... Dec 26 Liked by Jessica Rose

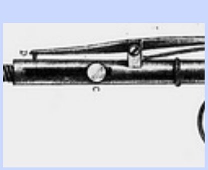
I'm a bit confused by the fact that the majority of these deleted reports appear to be MHRA Yellow Card (UK) reports, ordered to be deleted by the European regulator, who I imagine would have no jurisdiction because the UK is no longer part of the EU.

38 Reply Gift a subscription Collapse

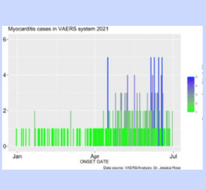
6 replies by Jessica Rose and others

76 more comments...

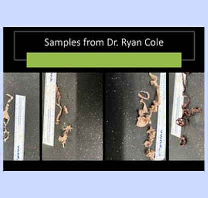
Top New Community



This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.
This particular note spoke loudly to me and this lovely person gave me permission to share her words.
JESSICA ROSE JUL 17 1,641 230



A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable...
Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH
JESSICA ROSE NOV 2, 2021 1,245 146



Rewrite: Let's tag team this until everybody understands
The modified spike protein is dangerous and for very specific reasons.
JESSICA ROSE JUN 13 676 140

See all ›

Ready for more?

Subscribe

© 2022 Jessica Rose • Privacy • Terms • Collection notice

Publish on Substack Get the app

Substack is the home for great writing